

JC976 U.S. PTO
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53 (b))

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		Attorney Docket No. LEX-0151-USA																				
<p>1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 30]</p> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the disclosure <p>4. <input type="checkbox"/> Drawing(s)(35 U.S.C.113) [Total Sheets 2]</p> <p>5. Oath or Declaration [Total Pages 2]</p> <p>a. <input checked="" type="checkbox"/> Unexecuted (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>i.i. <input checked="" type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>																				
ACCOMPANYING APPLICATION PARTS <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">9.</td> <td><input type="checkbox"/> Assignment Papers (cover sheet & document(s))</td> <td rowspan="2" style="vertical-align: middle; text-align: center;"><input checked="" type="checkbox"/> Power of Attorney</td> </tr> <tr> <td>10.</td> <td><input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small></td> </tr> <tr> <td>11.</td> <td><input type="checkbox"/> English Translation Document (<i>if applicable</i>)</td> <td rowspan="2" style="vertical-align: middle; text-align: center;"><input type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>12.</td> <td><input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</td> </tr> <tr> <td>13.</td> <td><input type="checkbox"/> Preliminary Amendment</td> <td rowspan="4" style="vertical-align: middle; text-align: center;">.....</td> </tr> <tr> <td>14.</td> <td><input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></td> </tr> <tr> <td>15.</td> <td><input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></td> </tr> <tr> <td>16.</td> <td>Other:</td> </tr> </table>				9.	<input type="checkbox"/> Assignment Papers (cover sheet & document(s))	<input checked="" type="checkbox"/> Power of Attorney	10.	<input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small>	11.	<input type="checkbox"/> English Translation Document (<i>if applicable</i>)	<input type="checkbox"/> Copies of IDS Citations	12.	<input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	13.	<input type="checkbox"/> Preliminary Amendment	14.	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	15.	<input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	16.	Other:
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<p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)</p> <p>Prior application information: Examiner _____ of prior application No.: _____ Group/Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																						
<p style="text-align: center;">18. CORRESPONDENCE ADDRESS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td> <td style="width: 40%; text-align: center;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Correspondence address below (Insert Customer Number or Bar Code Label here)</td> </tr> <tr> <td>Name</td> <td colspan="2" style="text-align: center;">24231</td> </tr> <tr> <td>Address</td> <td colspan="2" style="text-align: center;">PATENT TRADEMARK OFFICE</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> Correspondence address below (Insert Customer Number or Bar Code Label here)	Name	24231		Address	PATENT TRADEMARK OFFICE		City	State	Zip Code	Country	Telephone	Fax				
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